EFIM0331

Yigal Accad

PTO/SB/01 (10-01)
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DECLARATION FOR UTILITY OR

DESIGN

Attorney D ck t Number

First Named Inventor

PATENT APPL	COMPLETE IF KNOWN				
(37 CFR 1	(37 CFR 1.63)				
Declaration	Declaration	Filing Date	Herewith		
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit	Unassigne	d	
Filing	(37 ČFR 1.16 (e)) required)	Examiner Name	Unassigne	d	
As the below named inventor, I her	eby declare that:				
My residence, mailing address, and c	itizenship are as stated belov	w next to my name.			
I believe I am the original and first inv	entor of the subject matter w	hich is claimed and for wh	nich a patent is sou	ght on the invention entitled:	
METHODS AND APPARATUS FOR ELECTRONICALLY TRAPPING DIGITAL IMAGES					
the specification of which	(Title of the In	vention)			
[2]					
or was filed on (MM/DD/YYYY)	Herewith	as United States A	Application Number	or PCT International	
Application Number /	and was amende	d on (MM/DD/YYYY)		(if applicable).	
I hereby state that I have reviewed and any amendment specifically referred to		the above identified spec	ification, including t	he claims, as amended by	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
		,			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my are believed to be true; and further that these statements are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents were made wit	th the knowledge that willfi	ul false statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been filed for this	unsigned inventor
Given Name YIGAL Family Name ACCAD or Surname			
Inventor's A 3	ōΚ		20-Nov-2003 Date
Millbrae Residence: City	CA State	USA Country	Israel Citizenship
340 Vallejo Drive #65 Mailing Address			
Millbrae	CA	94030	USA
City	State_	ZIP	Country
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this ur	signed inventor
Given Name (first and middle [if any])		Family Name FALK or Surname	
Inventor's Richard Falk Signature			20-Nov-2003 Date
San Rafael Residence: City	CA State	USA Country	USA Citizenship
31 Kinross Drive Mailing Address			
San Rafael	CA	94901	USA
City	State	ZIP	Country
✓ Additional inventors are being named on the 1 s	supplemental Addition	onal Inventor(s) sheet(s) P	TO/SB/02A attached hereto.

Please	type a	plus	sign	(+)	inside this	box	\rightarrow	+
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Pto/sb/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any	1)		Family Name or Sumame				
MARK			KELLEY				
Inventor's M Nellay					20-Nov-2003		
Belmont	CA		USA		USA		
Residence: City	State	1!	Country		Citizenship		
32 Arroyo View Mailing Address							
- The state of the							
Mailing Address							
_{City} Belmont	State CA		94002 ZIP	ountr	USA		
Name of Additional Joint Inventor, if a			A petition has been filed				
Given Name (first and middle [if any			Family Nam	e or S	umame		
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
-							
Mailing Address	1		<u> </u>				
City	State		ZIP	Cou	ntry		
Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]	1)	Family Name or Surname			or Surname		
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	/	_
Filing Date	Herewith	
First Named Inventor	Yigal Accad	
Title	METHODS AND APPARATUS FOR ELECTRONICALLY TRAPPING DIGITAL IMAGES	
Group Art Unit	Unassigned	
Examiner Name	Unassigned	
Attorney Docket Number	EFIM0331	_

I hereby appo	pint:	Place Customer			
Practition	oners at Customer Number	Number Bar Code			
OR					
✓ Practition	ner(s) named below:				
	Name	Registration Number			
l l	nes Trosino	39,862			
Jam	nes L. Etheridge	37,614			
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	ney(s) or agent(s) to prosecute the applic United States Patent and Trademark Offi				
	the correspondence address for the above- e-mentioned Customer Number.	e-identified application to:			
OR	-mentioned Customer Number.	Place Customer			
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City		State Zip			
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Telephone		Fax			
I am the:					
✓ Applican	nt/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	YIGAL ACCAD				
Signature	くめて	on €			
Date	ate 20-Nov-2003				
	If the inventors or assignees of record of the entire signature is required, see below*.	interest or their representative(s) are required. Submit multiple			
☑ *Total of 3forms are submitted.					

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Application Number	/	_
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First Named Inventor	Yigal Accad	-
Title	METHODS AND APPARATUS FOR ELECTRONICALLY TRAPPING DIGITAL IMAGES	
Group Art Unit	Unassigned	
Examiner Name	Unassigned	
Attorney Docket Number	EFIM0331	

					
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::	ctitioner(s) na	med below:			
		Name			ration Number
	James Tros			39,862	
	James L. Et	heridge		37,614	
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		r agent(s) to prosecut States Patent and Tra			
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☑ Ap	Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	DICHARD FALK				
Signature	P Park Xall				
Date 20-Nov-2003					
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Application Number	/
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First Named Inventor	Yigal Accad
Title	METHODS AND APPARATUS FOR ELECTRONICALLY TRAPPING DIGITAL IMAGES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	EFIM0331

I hereby appoint: Practitioners at Customer Number Place Customer Number Bar Code Label here								<u>-</u>		
Practitioners at Customer Number Name									\neg	
Name Registration Number James Trosino 39,862 James L. Etheridge 37,614 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 31408 Practitioners at Customer Number 31408 Address Address Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							⊳ Ni	ımber Bar Code		
James Trosino James L. Etheridge James L. Et	Practitioner(s) named below:									
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Practitioners at Customer Number 31408 Number Bar Code Label here										
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Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature MARK KELLEY Signature The Country Told the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Label here									
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City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature MARK KELLEY Signature To Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature MARK KELLEY Signature 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address									
Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature MARK KELLEY Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City				s	state		Zip		
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Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone				F	ах				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:									
SIGNATURE of Applicant or Assignee of Record Name MARK KELLEY Signature Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	✓ Applicant/Inventor.									
Name MARK KELLEY Signature										
Signature Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record									
Date 20-Nov-2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	MAR	AARK KELLEY							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	m	- Melley					•		
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Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.